



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

EAST AND CENTRAL AFRICA

The HIV/AIDS epidemic in the East and Central Africa region continues to evolve. A few countries that had had high HIV/AIDS prevalence now show declines, other countries continue with high prevalence, and some countries with historically lower prevalence (compared with other African countries) are at risk of rapidly increasing numbers of HIV infections, given factors such as high prevalence in neighboring countries, inter- and intra-state conflict, and cross-border population movements.

To address HIV/AIDS in the region, the United States Agency for International Development (USAID) Regional Economic Development Services Office (REDSO) has developed a new multisectoral approach for 12 countries in the region. The REDSO East and Central Africa (ECA) region includes five countries that are part of The President's Plan for Emergency AIDS Relief (The Emergency Plan). These countries—Ethiopia, Kenya, Rwanda, Tanzania, and Uganda—have been priority USAID HIV/AIDS countries for some time and are designated to receive substantial and increased bilateral HIV/AIDS funding. Four countries receive basic HIV/AIDS support from USAID that will be strengthened through regional programming (Democratic Republic of Congo, Eritrea, Madagascar, Burundi). In three countries where USAID has limited or no bilateral presence (Sudan, Djibouti, and Somalia), HIV/AIDS interventions are being planned.



The countries in the REDSO/ECA region have only 5 percent of the world's population but account for 22 percent of adults living with HIV/AIDS, 34 percent of the world's children who have lost their parents to AIDS, and 22 percent of HIV/AIDS deaths in 2001. HIV prevalence in the region overall is 5.7 percent—with prevalence in individual countries varying widely. In 2001, Kenya had the highest prevalence in the region, with 14 percent of the adult population HIV-positive. Recent data from the 2003 Demographic and Health Survey show that prevalence in Kenya has declined to below 10 percent. Six countries have adult prevalence between 5 percent and 10 percent—Congo, Uganda, Ethiopia, Tanzania, Burundi, and Rwanda. Djibouti's 1999 HIV prevalence of 11.7 percent is now estimated to be in the 10 percent range. The remaining countries have rates ranging from 0 to 5 percent. Altogether, these countries have more

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Map of East and Central Africa

than 8 million adults and 830,000 children living with HIV/AIDS; and 4.7 million children have lost one or both parents to AIDS (2001 data).

National HIV prevalence, however, does not tell the full story. Among the most vulnerable populations, prevalence is extremely high and ranges from 30–60 percent. In the absence of targeted prevention efforts, such high rates among vulnerable populations pose the risk of continued spread to the general population. Without significant and substantially expanded prevention, care, and treatment interventions across all sectors in the region, the HIV incidence and prevalence could continue to rise.

In a region already afflicted with poverty and food shortages, the short- and long-term consequences of HIV/AIDS morbidity and mortality are devastating for individuals, families, and communities, creating a severe development crisis. HIV/AIDS claims family caregivers and providers, farmers, teachers, and other productive members of their communities, depleting the workforce and reducing agricultural production. Increasing food insecurity and falling income increase the potential for conflict; reduce nutrition and thus increase susceptibility to disease; and force people without other options into migrant labor and sex work, both risk factors for HIV.

The level and effectiveness of individual country responses have varied widely across the

Burundi	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	390,000
Total Population (end 2001)	6,502,000
Adult HIV Prevalence (end 2001)	8.3%
HIV Seroprevalence in Urban Areas (population most vulnerable)	-
HIV Seroprevalence in Urban Areas (population least vulnerable)	18.6%
Congo, Democratic Republic of	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1,300,000
Total Population (end 2001)	52,522,000
Adult HIV Prevalence (end 2001)	4.9%
HIV Seroprevalence in Urban Areas (population most vulnerable)	29.0%
HIV Seroprevalence in Urban Areas (population least vulnerable)	4.1%
Djibouti	
Estimated Number of Adults and Children Living with HIV/AIDS (end 1999)	37,000
Total Population (end 1999)	629,000
Adult HIV Prevalence (end 1999)	11.7%
HIV Seroprevalence in Urban Areas (population most vulnerable)	28.2%
HIV Seroprevalence in Urban Areas (population least vulnerable)	2.4%
Eritrea	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	55,000
Total Population (end 2001)	3,816,000
Adult HIV Prevalence (end 2001)	2.8%
HIV Seroprevalence in Urban Areas (population most vulnerable)	24.1%
HIV Seroprevalence in Urban Areas (population least vulnerable)	2.2%
Ethiopia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2,100,000
Total Population (end 2001)	64,459,000
Adult HIV Prevalence (end 2001)	6.4%
HIV Seroprevalence in Urban Areas (population most vulnerable)	73.7%
HIV Seroprevalence in Urban Areas (population least vulnerable)	15.5%
Kenya	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2,500,000
Total Population (end 2001)	31,293,000
Adult HIV Prevalence (end 2001)	15.0%
HIV Seroprevalence in Urban Areas (population most vulnerable)	74.7%
HIV Seroprevalence in Urban Areas (population least vulnerable)	14.4%
Madagascar	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	22,000
Total Population (end 2001)	16,437,000
Adult HIV Prevalence (end 2001)	0.3%
HIV Seroprevalence in Urban Areas (population most vulnerable)	1.0%
HIV Seroprevalence in Urban Areas (population least vulnerable)	1.0%
Rwanda	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	500,000
Total Population (end 2001)	7,949,000
Adult HIV Prevalence (end 2001)	8.9%
HIV Seroprevalence in Urban Areas (population most vulnerable)	42.1%
HIV Seroprevalence in Urban Areas (population least vulnerable)	13.0%
Somalia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	43,000
Total Population (end 2001)	9,157,000
Adult HIV Prevalence (end 2001)	1.0%
HIV Seroprevalence in Urban Areas (population most vulnerable)	-
HIV Seroprevalence in Urban Areas (population least vulnerable)	0.0%
Sudan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	450,000
Total Population (end 2001)	31,809,000
Adult HIV Prevalence (end 2001)	2.6%
HIV Seroprevalence in Urban Areas (population most vulnerable)	-
HIV Seroprevalence in Urban Areas (population least vulnerable)	3.5%
Tanzania	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1,500,000
Total Population (end 2001)	35,965,000
Adult HIV Prevalence (end 2001)	7.8%
HIV Seroprevalence in Urban Areas (population most vulnerable)	46.0%
HIV Seroprevalence in Urban Areas (population least vulnerable)	12.2%
Uganda	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	600,000
Total Population (end 2001)	24,023,000
Adult HIV Prevalence (end 2001)	5.0%
HIV Seroprevalence in Urban Areas (population most vulnerable)	23.7%
HIV Seroprevalence in Urban Areas (population least vulnerable)	10.0%

Sources: UNAIDS, U.S. Census Bureau.

region, but, in general, even once-reluctant governments now recognize the urgency of the problem and the need for national response.

USAID RESPONSE

USAID has had strong bilateral HIV/AIDS programs in several of the REDSO countries for many years, supporting their efforts to prevent further spread of the HIV/AIDS, to mitigate the impact of the disease, to develop surveillance capacity, and to strengthen health systems. The focus of the new REDSO regional HIV/AIDS strategy (2004–2010) is to strengthen programs for HIV/AIDS in the region; integrate and coordinate responses across sectors; and provide prevention, care, treatment, and support interventions that complement the bilateral programs.

The REDSO HIV/AIDS program seeks to achieve these goals by:

- Providing technical HIV/AIDS specialists
- Developing best practices and methodologies
- Developing partnerships with the private sector
- Collecting and disseminating lessons learned and best practices within the region
- Collaborating with the international donor community
- Addressing cross-border issues, tracking mobile populations, and targeting interventions for conflict-affected groups and other marginalized populations
- Building on past and current HIV/AIDS investments

REDSO supports The Emergency Plan countries directly through technical assistance and through additional measures that stabilize and mitigate the HIV/AIDS pandemic in the region.

The REDSO response to HIV/AIDS draws on all sectors currently managed by the regional office. The Health Team, for example, supports efforts to strengthen the capacity of private and public health care delivery systems. Program officers in the Education and Trade Teams incorporate the goal of delivering quality HIV/AIDS programs and work as well on strengthening African institutions. The Food Security and Food for Peace programs target vulnerable, food-insecure populations affected by HIV/AIDS. The Foreign Disaster and Conflict Teams address HIV/AIDS among populations in conflict and other emergency situations, as well as discrimination, human rights, and stigma issues.

REDSO is well situated to put special program emphasis on marginalized migrant, cross-border, and post-conflict groups that are not easily reached by USAID bilateral programming. These groups are particularly vulnerable to HIV because of their loss of community structures, exposure to sexual violence, and lack of access to health and other services. The region has some two million refugees, and ongoing conflict within the region means that refugees and internally displaced persons are likely to be present in large numbers for a long time. REDSO focuses on reaching women and youth within these populations because they are especially vulnerable to HIV infection.

The USAID/REDSO HIV/AIDS program began in 1996 as an activity within the Population, Health, and Nutrition Division. It has grown significantly in recent years—from \$430,000 in Fiscal Year 1999 to \$6.5 million in Fiscal Year 2003. During these years, the program made important investments in regional networks by supporting training, policy and advocacy, networking, and information dissemination. For example, USAID/REDSO:

- Increased capacity of the private sector by developing a course for workplace managers on HIV/AIDS programming
- Assessed HIV/AIDS training needs in 12 countries
- Built capacity at the regional level by supporting a behavior change communication network and a network of African pediatricians caring for HIV-infected children
- Supported policy development by funding regional studies of voluntary counseling and testing, and prevention programs
- Supported regional exchange of lessons learned

With the creation of a separate Office of HIV/AIDS at REDSO in 2004, a new multisectoral strategy for 2004–2010 now builds on prior investments while strengthening the office's effectiveness across the region through technical assistance, capacity building, and application and spread of best practices and cost-effective approaches. The strategy supports the work of The Emergency Plan countries in carrying out their mandated targets for prevention, treatment, care, and

support, and gives neighboring countries—including three in which USAID does not have a presence—access to the tools and programs needed to slow the epidemic.

FOR MORE INFORMATION

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USAID HIV/AIDS Website, Africa

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/redso.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.SynergyAIDS.com>

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